

**Testimony on**  
**Protecting Beneficiaries in Medicare Part D Plans**

**By**

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**Before the**  
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**Ways and Means Committee**  
**Health Subcommittee**

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Mr. Chairman, Representative Camp and other members of the Committee, thank you for permitting me to testify about one of the most important benefits Medicare beneficiaries now receive – an outpatient prescription drug benefit. I am William Fleming, a pharmacist and Vice President of Pharmacy and Clinical Integration for Humana Inc. Humana is headquartered in Louisville, Kentucky. For more than twenty years, Humana has been serving Medicare beneficiaries through health plans that offer affordable, comprehensive health care coverage. We currently offer three stand-alone prescription drug plans (PDPs) in 50 states, the District of Columbia (and one plan in Puerto Rico); private fee-for-service plans in 50 states; regional preferred provider plans in 23 states; local preferred provider plans in 17 states; and HMOs in 8 states and Puerto Rico. We also offer a Medicare Supplement product in 36 states. In addition, Humana offers private health plan options through the Department of Defense's TRICARE program to military families and plans to government employees through the Federal Employees Health Benefits Program. We offer Medicaid plans in Florida and a Medicaid-type plan in Puerto Rico. Finally, we offer health insurance coverage and related services to employer groups and individuals. In total, we provide medical insurance to over 11 million members.

Today, I will speak about the importance of the prescription drug program for Medicare beneficiaries, our experiences in implementing this program, mechanisms in place to protect beneficiaries, lessons learned from first year experiences and some recommendations.

## Humana Part D Plans

Humana currently offers three, uniform stand-alone Medicare PDP products in every state, the District of Columbia and one plan in Puerto Rico. (Please see **Attachment #1** for an outline of these products.) We currently offer one product that reflects the statutory benefit design with a deductible, coinsurance and no coverage in the coverage gap; one product with no deductible, copayments and no coverage in the coverage gap; and a third product with no deductible and copayments, including copayments through the coverage gap for generic drugs only (a few specialty generics are also excluded).

In 2006, Humana similarly offered three, uniform, stand-alone Part D products in 46 states (all but Alaska, Hawaii, New Hampshire and Maine). The benefit design for these products was the same except that the most comprehensive of our products provided brand coverage through the gap.

We have a four-tier, open formulary. All FDA, Medicare-approved medications covered under Part D are on our drug list. While we contract with a pharmacy benefit manager (PBM), Argus Health Systems, we only use them to process claims. Unlike many other sponsors, we directly negotiate our own contracts with retail pharmacies, long term care pharmacies, and drug manufacturers.

### **Valued Benefit for Beneficiaries**

Today, over 4.6 million Medicare beneficiaries belong to a Humana plan offering prescription drugs, including over 1.5 million dually-eligible beneficiaries. Over 1.5 million of our members enrolled through the Center for Medicare and Medicaid Services (CMS) website or our Humana website. On average, our non-subsidized or voluntary members saved over \$1,600 each last year.

Our members have wide access to pharmacies. Humana has contracted with nearly 60,000 chain and independent pharmacies, including all major chains, thousands of independent pharmacies and long-term care pharmacies. Our plans offer mail order, along with low premiums, broad formulary, comprehensive health education programs and Medication Therapy Management Programs (MTMP) for beneficiaries with high prescription drug costs and chronic conditions.

In 2006, we paid for more than 140 million prescriptions, representing nearly \$9 billion of drug expense. We mailed approximately 26,700,000 SmartSummaryRx<sup>sm</sup> statements (monthly, personalized statement of expenses, savings opportunities, prescription drugs taken and customized health information. **Please see Attachment #2).**

In 2007, for a full year of benefits, we expect to pay for nearly 200 million prescription drugs representing nearly \$11 billion of drug costs; fill more than 3 million prescriptions through our own pharmacies; mail more than 40 million SmartSummaryRx<sup>sm</sup> statements; communicate with nearly 1 out of every 5 members about cost-savings opportunities; and, strive to work with 1 out of every 7 members through our MTMP. Our members average 40 prescriptions per year.

I now want to share some other specific efforts that we have undertaken to protect beneficiaries by educating them on their benefits and providing clinical guidance.

### **Beneficiary Education and Guidance**

Humana provides comprehensive prescription drug information to beneficiaries and their caregivers in written and electronic formats, by telephone and by voice-activated technology. Our web site contains a variety of educational materials, including a “hot link” to government agencies, such as Medicare, and also to the Medicare Rights Center’s educational site. The Humana web site contains tools that assist beneficiaries’ in comparing and choosing a Part D option, estimating their current and future drug costs, enrolling in a Humana plan, locating a pharmacy, filing a grievance, arranging for a web chat, checking claims and eligibility status, finding out more about the drug they are taking, learning about the MTMP, receiving their monthly, personalized summary of Part D usage, and learning about health and wellness opportunities. The web site also provides clinical data and information for pharmacies, pharmacists and physicians, as well as tools for physicians to request authorizations for drugs if required, on-line.

Humana also uses voice-activated technology to send a variety of critical messages to members including calls to notify members of cost-saving, clinically-effective generic alternatives to the brand drugs prescribed (last year, we made over 787,000 outbound calls to notify members), to notify members that we have received their application or when they should be expecting their ID cards. We also notify members when they are nearing the coverage gap (last year, we made over 213,000 outbound calls to notify members) and provide them with suggestions of ways to save

additional monies, such as using generics where possible (upon consultation with their physician) or using mail order. We provide guidance to members using brands in the coverage gap informing them of manufacturers' pharmacy assistance plans that offered discounts on certain single source drugs.

For most beneficiaries and their families or caregivers, including low-income seniors, those with chronic diseases and those who are nursing home residents, this new prescription drug benefit provides savings and coverage relief.

### **Program Start-Up Issues**

The Part D start-up and operational implementation issues are well-known and mostly related to the lack of interoperability among health information systems among all stakeholders including CMS, Social Security Administration (SSA), state Medicaid agencies, drug sponsors, and pharmacies (among others) and to the accuracy of the data exchanged. This situation affected enrollment eligibility, accounting for true-out-of-pocket-expenses, prescription drug events, premium deductions, web site drug price calculators and many others. The timing of CMS' installation of a new information system at the time of the 2006 enrollment season did not allow for end-to-end processing tests. As well, we and most other parties underestimated the numbers of beneficiaries who would seek coverage and the resources needed to address their issues. CMS has worked to resolve system issues and continues to meet regularly with plan sponsors on remaining systems-related issues. To date, we are in the last phases of reconciling 2006 enrollment and payment. Issues still remain with Social Security deductions, but we anticipate the major issues should be resolved within the next 2 months. Given these

system issues, Humana's policy has been to issue hardship waivers for those beneficiaries with limited incomes who have experienced SSA deduction issues and who cannot afford to pay the remaining premium amounts due to the delay in accurately processing their deductions.

### **Important Protections for Beneficiaries**

Humana and other Part D plans began in earnest preparing for implementation with the promulgation of the Medicare Modernization Act regulations. In our case, planning and staffing were based on historical data we acquired during more than 20 years of government program contracting. Our data proved almost irrelevant given the overwhelming acceptance of the Part D benefit by beneficiaries and the aforementioned system issues. In evaluating the credible data we now have and the beneficiary impact of the program, there are some lessons learned that have added value to the program for beneficiaries or resulted in strengthened beneficiary protections. Let me highlight a few.

**1) Pharmacy Access:** Humana's network includes all national chains, 21,710 independent pharmacies and 6,786 long term care (LTC) pharmacies. During 2006, we added over 5,400 independent pharmacies to enhance beneficiary access to local community pharmacies. We learned early on the importance of communicating regularly with these pharmacies to improve beneficiary experience at the pharmacy counter. We arranged ongoing contact with the National Association of Chain Drug Stores (NACDS), the National Community Pharmacists Association (NCPA), state pharmacy associations and those

pharmacies filling large numbers of our prescriptions. We continue to email, fax and use national and state association websites to distribute our regular pharmacy bulletins. We participate in call-ins hosted by the associations and have “hot links” on some of the national and state web sites.

During 2006, independent pharmacies expressed deep concern about the amount of and delay in reimbursement. Humana reimburses pharmacies every 10 days (which equals three times monthly). We also designed our payment formula for our MTMP in such a way as to encourage participation by independent pharmacists. We pay a set dollar amount per minute for consultations by in-store pharmacists. We have had a large number of independent pharmacies participate in this program—proportionately larger than retail chain participation.

We have also worked closely with long term care pharmacies and their trade group to ensure access and prevent operational problems for institutionalized members. We have hired an expert in long-term care to help guide our strategies and day-to-day relationships with LTC pharmacies. LTC pharmacies represent a significant source of our pharmacy expense for our stand-alone prescription drug plans. Working collaboratively with the major LTC pharmacy chains, group purchasing organizations and the facility groups these entities service, we are identifying opportunities to improve operational issues and achieve greater efficiencies in the delivery of pharmaceutical care in the institutional setting. Through enhanced communication of our formulary structure and a close clinical



partnership with our MTMP, we anticipate that LTC pharmacies will be able to deliver new savings to the Medicare program and improved clinical outcomes.

To further ensure that beneficiaries do not encounter issues at the prescription counter, through our trade group, America's Health Insurance Plans (AHIP), and member plans, we have participated in a work group with NACDS and NCPA to recommend new messaging and new codes to facilitate the electronic exchange of pharmacy data from sponsors to pharmacies. The group also promoted the use of electronic funds transfer to expedite sponsor payments. We continue to participate in this work group to continually improve beneficiary and pharmacy satisfaction and outcomes.

Finally, in January 2006, Humana opened our own mail order facility, RightSource, in Phoenix, Arizona. This facility is expected to fill more than 2 million prescriptions for our Medicare members in 2007.

**2) Transition Period:** CMS requires a 30-day transition period for beneficiaries who are on a prescription drug that is not on their Part D plan formulary to work with their doctors to change to a drug that is on the formulary. Given Part D start-up issues and the newness of this benefit, during the first enrollment period in 2006, Humana's transition plan was **90** days for those whose enrollment was effective January 1, 2006 and **60**-days from initial enrollment for all others. (CMS required plans to grant 90 days for those enrolled January 1, 2006; 60 days

for those enrolled as of February 1, 2006 and 30 days for those with March 1 effective dates.) Today, Humana's enrollment transition period is 30 days as required by regulation; *in addition*, Humana extends the transition period to all beneficiaries at the beginning of the plan year, rather than just the new enrollees to our plan.

There is an unintended, positive consequence for beneficiaries and for the government from the transition period policy. At the end of March 2006, as a significant number of our members were about to have to change one of their medications or pay more for it, we approached various manufacturers who produced the drug. We shared the number of beneficiaries affected and the formulary placement for their drug. Several of the manufacturers lowered their prices, leaving the drug in a more favorable cost-sharing position for the beneficiary. The beneficiaries saved money, had continuity of care and the program saved money.

**3) Formulary, including generic usage and bulk purchasing:** As previously mentioned, all Medicare-approved drugs are on our formulary, and the formulary is uniform across all our drug plans. The only excluded drugs are those that are statutorily excluded from Medicare coverage, like benzodiazepines. We negotiate with drug manufacturers and retailers to receive the best price for covered prescription drugs. Besides making it simple for beneficiaries, physicians and pharmacists, we have early indications that our single formulary strategy may

result in additional program efficiencies. At the same time, when a generic product is approved by the Food and Drug Administration (FDA), we make that product available to our beneficiaries. To ensure appropriate utilization, we have adopted four primary tiers for coverage of drugs. We require prior authorization on a small number of high-cost specialty medications, have safety/quantity limits on certain drugs to promote appropriate dosing consistent with FDA-approved labeling and require step therapy on a small number of drugs to guide beneficiaries and prescribers to equally-effective drugs in a more favorable cost-sharing tier. Less than 2% of our members were affected by changes in prior authorization, safety/quantity limits and step therapy protocols from 2006 to 2007. Our transition policy ensured that affected beneficiaries received a temporary supply of their medication while they pursued an exception or coverage determination.

A number of studies demonstrate that these strategies are highly effective in making prescription drugs more affordable for consumers. For example:

- A 2003 Lewin Group study<sup>1</sup> for the Center for Health Care Strategies found that Medicaid managed care plans reduced prescription drug costs by 15 percent below the level states would otherwise have experienced under Medicaid fee-for-service.

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<sup>1</sup> Center for Health Care Strategies, January 2003, Comparison of Medicaid Pharmacy Costs and Usage Between the Fee-for-Service and Capitated Setting.

- In addition, the Government Accountability Office (GAO) has reported<sup>2</sup> that pharmacy benefit management techniques used by health plans in the Federal Employees Health Benefits Program (FEHBP) resulted in savings of 18 percent for brand-name drugs and 47 percent for generic drugs, compared to the average cash price customers would pay at retail pharmacies.

These findings clearly demonstrate that the private sector has a strong track record in using its experience and capabilities to deliver affordable prescription drug benefits. Our experience indicates that beneficiaries are more willing to (a) use generics than our commercial populations and (b) purchase in bulk (i.e. 90-day supplies). At the end of 2006, our generic dispensing rate averaged 60% and at the end of 2007, the rate is expected to exceed 63%.

Bulk purchasing is also positive. Beneficiaries using mail order save ½ of a copayment for those plans that have copayments (for those that don't, mail order generally saves about 10% of the cost of the medication). Through outbound calls and notifications in members' monthly statements, we encourage members currently taking brand name drugs for which there are effective generic alternatives, to speak with their physicians. Through these processes, we have averaged 15-20% conversions to alternative drugs. Our data shows that members are more willing to change their cholesterol medications than those taking

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<sup>2</sup> Government Accountability Office, January 2003, Federal Employees' Health Benefits: Effects of Using Pharmacy Benefits Managers on Health Plans, Enrollees, and Pharmacies (GAO-03-196).

stomach medications. For those members who are switching to alternatives, they are saving on average \$250-300 per year per drug.

We also seek to protect members from formulary changes. While the statute and regulations allow for mid-year formulary changes with adequate notice to the beneficiary, Humana minimizes these types of changes. We believe the beneficiary's best interest is served by making any changes with the new plan year effective January 1. During the plan year, Humana only removes drugs from our formulary in cases where the FDA issues a safety warning or re-classifies a drug, for example, from a Part D-covered drug to one where it is not covered, like a DESI drug. [Certain drugs reviewed by the FDA's Drug Efficacy Study Implementation (DESI) program are determined to lack substantial evidence of effectiveness for all of its labeled indications and are termed Less-than-Effective or Identical, Related and Similar. They are excluded under the Part D benefit.]

Generic drugs are vitally important to the affordability of Part D for the beneficiary and the government. As a result, Humana is working with some Part D plans, employers, pharmacy benefit managers and others through the Coalition for a Competitive Prescription Drug Market to advocate for the creation of an FDA pathway for the approval of follow-on biologics.

**4) Exceptions and Appeals:** During 2006, we received and processed more than 1 million exceptions and appeals. We have more than 150 associates working on

exceptions and appeals, including more than 10 clinicians. Average turn-around time for exception/appeal requests currently is well within the 72 hours required. The most frequently requested exceptions are for Januvia (diabetes), Celebrex (arthritis), Coreg CR (high blood pressure), Protonix and Nexium (stomach ulcers), Byetta (diabetes) and Lunesta (sleep). All of these actively marketed, brand name drugs are included on our formulary; however, many have alternative options in a more preferred formulary tier with a lower cost share for the beneficiary.

Two of the most frequently requested coverage determinations are for methotrexate and oral immunosuppressants, both of which may be covered either under the Part B or Part D programs. I will address the inherent difficulties with making these types of coverage determinations later in my testimony.

Early in the program, physicians expressed concern about access to exception and appeals forms and also held concerns about the variability in content of these forms. Through AHIP, Humana worked with other plans and the American Medical Association to develop one uniform "Coverage Determination Request Form" designed to simplify the exception and appeals processes. These forms are visibly highlighted on our website. We have also made a web tool available for physicians to request authorizations 24/7.

**5) Medication Therapy Management Program (MTMP):** The MMA requires sponsors to offer an MTMP for those members with expected prescription drug expenses over \$4,000, who have multiple chronic conditions and who use multiple chronic medications. Today, Humana has over 1 million beneficiaries eligible for this program. We have more than 6,000 pharmacies participating in our MTMP and continue to reach out to all pharmacies to participate. We anticipate 10,000 pharmacies will be in the program by the beginning of 2008. Our program has 3 levels of interventions: general mailings, telephonic, and face-to-face with a pharmacist. Generally, the health of the beneficiary will determine the intervention method that is employed. All beneficiaries who are eligible for MTMP will receive an invitation in their monthly SmartSummaryRx<sup>sm</sup> statement inviting them to call us for further discussion. To supplement these invitations, we conduct telephonic outreach to these MTMP-eligible beneficiaries to proactively engage them in this opportunity. Once a beneficiary goes through a telephonic MTMP consultation, he/she will be referred for a face-to-face pharmacist consultation with a retail pharmacy if it is believed that the beneficiary needs further guidance. We have more than 80 associates (nurses, pharmacists, customer service representatives) working in this program. To date, we have messaged MTMP more than 5 million times through our SmartSummaryRx<sup>sm</sup>. We have made more than 750,000 outbound phone call attempts to MTMP-eligible beneficiaries and more than 26,000 of them have received a one-on-one MTM consultation (telephonically or face-to-face) with a nurse or pharmacist.

Let me share a story to illustrate the impact of this program:

- A North Carolina PDP member received an outbound call from our clinical call center. We realized that this member needed a face-to-face intervention. The member was referred to a local, participating MTMP pharmacy. The pharmacist identified a potential clinical issue related to the member's chief complaint about pain in her lower extremities. In examining her prescription drug record, the pharmacist recognized that this could be a case of a painful muscle condition called rhabdomyolysis. This condition is associated with statin or cholesterol drugs. The pharmacist contacted the member's doctor; the doctor agreed with the pharmacist and the statin drug was discontinued. The member went to see the doctor for further review and analysis. The physician prescribed another type of cholesterol medication for the member. Our follow-up with the member indicates that all is well at this point. This intervention avoided a bad case of rhabdomyolysis which would have resulted in a hospitalization and an extra cost to the system of more than \$20,000.

Results of the MTMP are still being evaluated, but early indications show medical and pharmacy savings are achieved with the consultations. We expect to expand our MTMP work this year beyond that required under the MMA, such that we contact all members with high drug costs who would benefit from this program.



**6) SmartSummaryRx<sup>sm</sup>:** Each month that a Humana member fills a prescription, the member receives a personalized statement containing his/her prescription drug activity during the previous month, including what stage the member is in, a list of the drugs he/she is taking (including a color picture of the drug, the common type of drug it is, the physician who prescribed it and when the member filled it), the retail and plan cost of those drugs as well as what the plan and member paid. The Statement also includes health and wellness information about the member's conditions based on drugs taken and other demographics, and information Medicare wants the member to have. Several times throughout the year, a beneficiary receives a wallet-sized listing of the drugs the member is taking so he/she can carry it with them. The Statement also uses symbols to send members messages about certain drugs, e.g. that savings are possible by substituting a generic for a brand name drug and that the member should discuss that with his/her doctor. The Statement is designed to provide members with a personal health record with a transparent look into their prescription drug usage and provides doctors with that the doctor may be unaware of such as possible drug/drug interactions or drug (non-)compliance.

**7) Quality Outcomes:** There are a number of ways in which Humana is working to improve outcomes in the provision of prescription drug coverage in many ways: first, through our SmartSummaryRx<sup>sm</sup> statement as described above; second, through our MTMP. Humana has developed relationships with 32 Quality Improvement Organizations (QIOs) to look at opportunities to understand

whether various programs (like MTMPs) are improving quality of pharmaceutical care for the beneficiary. Third, Humana is participating in all the workgroups and subcommittees of the Pharmacy Quality Alliance (PQA) whose goal is to develop the standards and metrics for measuring pharmacy quality. The PQA has already established a starter-set of quality metrics and is now in the process of validating those measures. At the same time, the PQA is working quickly to develop model templates for reporting those same measures to pharmacists/pharmacies and the general public.

**8) Beneficiary Outreach and Education:** Humana has a fundamental belief that we will engage the beneficiary in our “pharmacy literacy” campaigns. We have a robust outreach campaign that we call “Maximize Your Benefits.” This is our “high-touch, low cost” direct-to-consumer campaign whose goal is to create an informed beneficiary who will be armed with the right information to talk with his/her doctor about his/her prescription drug needs. These campaigns generally revolve around 3 fundamental opportunities for the beneficiary: (1) generic drugs, (2) bulk purchasing, and (3) invitations for MTMPs. Any Medicare beneficiary who receives a higher cost drug (to them) for which they have a potential lower cost alternative will receive a message (email, phone call, letter) to let them know about the opportunity and what they should consider talking with their physician about their needs. Generally, we see about a 15-20% change rate with these campaigns (meaning that nearly 20% of the beneficiaries who receive the message contact their physician and ultimately receive a different medication).

On the other hand, LTC beneficiaries and beneficiaries who do not have the confidence to ask their physician questions about their pharmacy regimen need more of a “concierge” service. On the LTC side, we have hired a LTC expert to work with the LTC facilities throughout the country to ensure we have the same level of rigor in examining generic drug opportunities as we are seeing in the outpatient setting.

For the beneficiary who lacks confidence, we have launched “concierge” programs in 2007 to help them. While early, these concierge programs are intended to work on behalf of the beneficiary to help the beneficiary contact his/her physician to make adjustments to his/her medication regimens (as appropriate and as approved by his/her physician).

**9) Beneficiary Group Concerns:** During the first year of implementation, there were many concerns raised by beneficiary groups, senior advocates and the State Health Insurance Assistance Programs (SHIPs). Humana continues to participate in a work group organized by AHIP that includes its Beneficiary Advisory Council. Through that group, many issues have been addressed, such as the need for CMS to allow authorized representatives to be able to enroll and disenroll beneficiaries. The group cited the need for more educational materials and AHIP worked with SHIP representatives, NACDS, NCPA and others to produce a workbook for beneficiaries to use when considering a Part D plan. The workbook has been published and is being updated for use during the next annual enrollment period. The group also expressed concern about broker and agent training which

led to a collaborative effort on the part of AHIP, the National Association of Health Underwriters and the Association of Health Insurance Advisors to produce a standard training program. Currently, the program is being revised and will be submitted to CMS to review for accuracy, content and applicability for ongoing use.

One of the lessons learned from the first year's implementation was the need to reach out to more stakeholders prior to the start of the enrollment season. Last fall, prior to the 2007 open enrollment season, Humana communicated with all state Departments of Insurance, SHIPs, affected Medicaid agencies and others to share information about the upcoming enrollment period, benefits and to answer any questions those entities had. We continue to work with them throughout the year to ensure that they can expeditiously respond to beneficiaries who contact their agencies about Part D issues.

### **Areas for Consideration**

**1) Medicare Part B versus Part D drug coverage:** The Academy of Managed Care Pharmacy (AMCP) produced a white paper regarding Part B versus Part D coverage. I serve on the Legislative Committee for AMCP and fully support the position of this white paper from both a Humana and an industry perspective. The follow-on comments are highlights of that white paper (which can be found at [www.amcp.org](http://www.amcp.org)). Certain categories of drugs may continue to be covered under Part B or Part D in a variety of settings, under

a variety of payment methodologies and varying clinical situations. These categories include:

- Drugs requiring the use of durable medical equipment (DME)
- Drugs furnished “incident to” a physician service
- Immunosuppressant drugs
- Oral anti-cancer drugs
- Oral anti-emetic drugs
- Erythropoietin (EPO)
- Prophylactic vaccines
- Parenteral nutrition

In many cases, drugs in these categories could be covered under Part B or Part D depending on a beneficiary’s diagnosis, the site of service, and the medical use of the drugs.

Even with sophisticated automated processing of some Part B vs. Part D drug claims, it is difficult for beneficiaries to understand why some drugs are covered under their Part D benefit in varying circumstances. For example:

- Immunosuppressant medications are covered under Part B for a beneficiary who receives a transplant from a Medicare-approved facility, and who is entitled to Medicare Part A benefits at the time of transplant. If these conditions are not met, or if a drug is used for purposes other than immunosuppression, the drug must be covered under Part D.

- There are different rules for different vaccines: Influenza, pneumococcal and hepatitis B are always covered under Part B. However, all other vaccines are covered under Part D, unless they are administered directly related to the treatment of an injury or direct exposure to a disease, in which case they are covered under Part B.
- Oral anti-emetic medications are covered under Part B when given within 48 hours of chemotherapy and under Part D in all other situations. This requires the Part D plan to precisely determine at what time chemotherapy took place.
- Oral anti-cancer drugs are covered by Part B for the treatment of cancer. However, one of these drugs, methotrexate, is also used for the treatment of rheumatoid arthritis. If a patient has received a prescription for methotrexate, a Part D plan must determine if the patient is being treated for rheumatoid arthritis before it can be reimbursed under the Part D benefit.

These Part B versus Part D issues create challenges for the beneficiary, including:

- *Risks for Beneficiaries*
  - can create situations where beneficiaries cannot obtain needed medications in a timely fashion.
- *Imposing Artificial Requirements for Prior Authorization*
  - dispensing is delayed, care is disrupted and plan and pharmacy costs increase.
- *Drug-Specific Definition versus Method of Delivery Determination*

A clear definition of these categories, with each drug being covered by only one method, would significantly improve operational efficiencies.

- *Site Determination*

Several of the medications caught in the Part B/Part D overlap are medications for which the overhead cost associated with processing a prior authorization greatly exceeds the cost of the drug itself. For example, the widely used medication prednisone costs less than a dollar. When used as an immunosuppressant, it is covered under Part B; but for the vast majority of prescriptions it is covered under Part D. However, hours may be spent by Part D plans, pharmacies, prescribers and beneficiaries trying to establish appropriate coverage for an individual patient.

- *Diagnosis As a Part B/Part D Determinant*

The process necessary to obtain this required information adds time, expense and delay.

- *Unintended Consequences: Changes in Behavior Based on Part B/Part D Complexity*

If a pharmacy and/or a Part D plan must explore all options before being able to expediently resolve authorization issues for a medication, beneficiaries will eventually learn to obtain medication in a dosage form or from a location that does not require authorization. This may include receiving medications in a physician's office or receiving an infused rather than an oral version of a medication. Besides creating hassles for beneficiaries, this leads to more expensive claims under Medicare Part B. On the other hand, some

beneficiaries may forego medications altogether to avoid the administrative barriers, putting their health in jeopardy.

In this month's MedPAC report, the commissioners recommended that Congress change the law to allow CMS to identify selected overlap drugs that are covered under Part D most of the time and are low-cost drugs, and direct plans to cover them under Part D. *We agree with this recommendation.* Second, for drugs that continue to be covered by Part B and Part D, it recommends that Congress authorize prescription drug plans to approve transition supplies while coverage is being determined. *We agree with this recommendation as a short-term measure.* Third, it recommends that Congress should permit coverage for appropriate preventive vaccines under Part B instead of Part D. *We agree with this recommendation.*

**2) Social Security Administration Deduction Issues:** Thousands of beneficiaries still have issues with the amount of their SSA deductions. We recommend that SSA and CMS work together to improve the current exchange of data to ensure that deductions are timely and accurate.

**3) Coverage of Part D Excluded Drugs (Benzodiazepine coverage):**



The MMA specifically excludes drugs or classes of drugs, or their medical uses, which may be excluded from coverage or otherwise restricted under Medicaid.

The excluded drugs or classes of drugs included:

- (A) Agents when used for anorexia, weight loss, or weight gain.
- (B) Agents when used to promote fertility.
- (C) Agents when used for cosmetic purposes or hair growth.
- (D) Agents when used for the symptomatic relief of cough and colds.
- (E) Agents when used to promote smoking cessation.
- (F) Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations.
- (G) Nonprescription drugs.
- (H) Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee.
- (I) Barbiturates.
- (J) Benzodiazepines.
- (K) Agents when used for the treatment of sexual or erectile dysfunction, unless such agents are used to treat a condition, other than sexual or erectile dysfunction, for which the agents have been approved by the Food and Drug Administration.

Although Medicare Part D does not cover barbiturates and benzodiazepines, most State Medicaid programs do provide this wrap benefit coverage to fill

this clinical need in dual eligible population. Non-dual eligible Medicare Part D beneficiaries have no coverage and are forced to pay out of pocket for access to these important and clinically necessary drug therapies. For the commercial population, with the exception of barbiturates and benzodiazepines, excluded drugs (as described above) are generally not covered in the commercial population. We believe that the same policy should apply in Medicare.

## **CONCLUSION**

Thank you again for giving me the opportunity to testify about this important benefit for Medicare. We urge you to ensure consistency and stabilization, while recognizing the tremendous value it is providing to millions of Medicare beneficiaries across the nation.

**Attachment #1** - Outline of Humana's Prescription Drug Products

**Attachment #2** – SmartSummaryRx<sup>sm</sup> Statement

# Details of Humana's 2007 Medicare Part D Prescription Drug Plans

## COSTS AND BENEFITS OF EACH PLAN

### STANDARD PLAN\*

\$10.20 - \$18.20 range of  
monthly plan premium

### ENHANCED PLAN

\$17.10 - \$29.60 range of  
monthly plan premium

### COMPLETE PLAN

\$69.50 - \$88.40 range of  
monthly plan premium

#### STAGE

#### YOU PAY

**\$265** deductible

**NO** deductible

**NO** deductible

**1**

Copayments until total drug  
costs reach **\$2,400**:

Copayments until total drug  
costs reach **\$2,400**:

■ Preferred generics.....\$5

■ Preferred generics.....\$5

■ Preferred brand.....\$30

■ Preferred brand.....\$30

■ Non-preferred.....\$60

■ Non-preferred.....\$60

■ Specialty.....25%  
coinsurance

■ Specialty.....25%  
coinsurance

#### HUMANA PAYS

**\$0**

#### STAGE

#### YOU PAY

25% of next **\$2,135** of  
total drug costs  
(= \$533.75)

**2**

#### HUMANA PAYS

**75% of cost toward  
the \$2,400 limit**

#### Balance of costs

#### Balance of costs

#### STAGE

#### YOU PAY

100% until your total  
out-of-pocket costs reach  
**\$3,850**

100% until your total  
out-of-pocket costs  
reach **\$3,850**

\$5 copayment for preferred  
generic drugs until your total  
out-of-pocket costs  
reach **\$3,850**

**3**

*This is the coverage gap*

*This is the coverage gap*

#### HUMANA PAYS

**\$0**

**\$0**

**Balance of costs for  
generic drugs**

#### STAGE

#### YOU PAY

Minimum of \$2.15 for  
generic drugs and \$5.35  
for other prescription drugs  
or a maximum of 5%  
coinsurance.

Minimum of \$2.15 for  
generic drugs and \$5.35  
for other prescription drugs  
or a maximum of 5%  
coinsurance.

Minimum of \$2.15 for  
generic drugs and \$5.35 for  
other prescription drugs or a  
maximum of 5% coinsurance.

**4**

#### HUMANA PAYS

**95% of total drug  
costs for the rest  
of the year**

**95% of total drug  
costs for the rest  
of the year**

**95% of total drug  
costs for the rest  
of the year**

The plans shown above are available in all service areas and regions, except Puerto Rico.

\*Humana Standard Plan matches the Federal Government basic Part D plan.

10/06

# SmartSummary Rx<sup>SM</sup>

Your personal prescription  
benefits statement

Member name: **John Doe**


Member ID: H12345678

Plan name: Humana Prescription Drug  
Plan Standard S5884-075

Statement period: May 1-31, 2006

## Where you are in your plan (as of May 31, 2006)

Stage 1	You pay 100% of costs	
Stage 2	You pay 25%	Plan pays 75%
Stage 3	You pay 100% of costs	
Stage 4	You pay 5%	Plan pays 95%

 **You are here.**  
You have \$1,029  
left to pay before  
you reach the next  
stage.

## Numbers to watch

	This month	This year
Total prescription costs with plan	\$688.49	\$4,070.94
What you paid with the plan	\$688.49	\$2,570.96
What you would have paid without the plan (Average retail prices)	\$958.58	\$5,117.05

Information in this statement is current as of May 31, 2006.  
Premiums are not included in these calculations.







0706200617360000001

JOHN DOE  
500 WEST MAIN ST  
LOUISVILLE KY 40202-3363

## What's inside

How your plan works for you.....	2
Your prescription claims.....	3
What's new in health care.....	5
Medicare wants you to know.....	5
Your Rx Record.....	9

## Look for these markers throughout your statement

-  Savings alerts
-  Health alerts
-  Prescription coverage changes
-  Online resources
-  Phone resources
-  How your plan works

## Contact us

### Benefit questions

visit [www.humana.com](http://www.humana.com)  
or call 1-866-255-7451

### Hours of operation

Monday to Sunday, 8 am to 8 pm

### Alternate format

TTY 1-800-833-3301  
(speech and hearing impaired)

Your personal prescription benefits statement

John Doe

page 2 of 16

## How your plan works for you

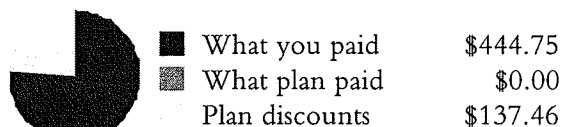
This information is current as of May 31, 2006. For more detailed information about your prescription drug coverage, please review your Evidence of Coverage or your benefits summary you received during enrollment.

### Stage 1 Annual deductible - Up to \$250 in total prescription costs with plan

1

You pay: 100%  
The plan pays: 0%

Average retail prices this stage \$582.20



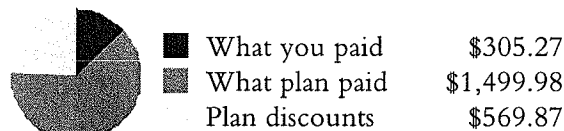
Value this stage: you paid 76% of retail prices in this stage, a savings of \$137.46.

### Stage 2 Initial coverage - \$250 to \$2,250 in total prescription costs with plan

2

You pay: 25%  
The plan pays: 75%

Average retail prices this stage \$2,819.86



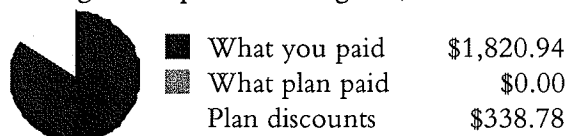
Value this stage: you paid 11% of retail prices in this stage, a savings of \$2,069.85.

### Stage 3 Coverage gap - Until what you pay reaches \$3,600

3

You pay: 100%  
The plan pays: 0%

Average retail prices this stage \$1,714.99



**You are here.** You'll move to Stage 4 when the total you've paid reaches \$3600.  
To date you've paid \$2,570.96, leaving \$1,029.04 more in costs this stage.

### Stage 4 Catastrophic coverage - No limit

4

You pay: 5% or  
For generic drugs \$2 minimum  
For all other drugs \$5 minimum  
The plan and Medicare pay: 95%

Likelihood of reaching this stage:

If your current use of medications continues unchanged throughout the year, it is likely that you will enter this stage before the end of this plan year. Your average prescription costs to date are \$1,017.74.

# SmartSummary Rx™

**HUMANA**  
*Caring when you need it most*

Your personal prescription benefits statement

John Doe  
 page 3 of 16

## *Your prescription claims (for May 1 to May 31, 2006)*


Humana negotiates a reduced price with the pharmacy for its members, which is reflected in "Prescription cost with plan" column. The prescription cost can vary by pharmacy, location, quantity, strength and dosage of the medication. Adjusted claims may not be reflected in the table below; or if displayed, the amount paid may not be accurately reflected due to the amount of the adjustment.


Drug name	Average retail price	Prescription cost with plan	What you paid	What the plan paid
May 3, 2006, WALGREEN DRUG STORE <b>LANTUS 100 UNITS/ML VIAL</b> Drug category: Preferred brand	\$78.99	\$67.52	\$67.52	\$0.00
May 9, 2006, WALGREEN DRUG STORE <b>NOVOFINE 30 NEEDLES</b> Drug category: Generic	\$110.97	\$84.39	\$84.39	\$0.00
May 10, 2006, WALGREEN DRUG STORE <b>NOVOLOG FLEXPEN SYRINGE</b> Drug category: Preferred brand	\$319.99	\$275.39	\$275.39	\$0.00
May 20, 2006, WALGREEN DRUG STORE <b>LEVOTHYROXINE 100 MCG TABLET</b> Drug category: Generic	\$15.29	\$6.09	\$6.09	\$0.00
May 28, 2006, WALGREEN DRUG STORE <b>LANTUS 100 UNITS/ML VIAL</b> Drug category: Preferred brand	\$78.99	\$67.52	\$67.52	\$0.00
May 31, 2006, WALGREEN DRUG STORE <b>DIGITEK 250 MCG TABLET</b> Drug category: Generic	\$14.09	\$8.33	\$8.33	\$0.00
May 31, 2006, WALGREEN DRUG STORE <b>MICARDIS 40 MG TABLET</b> Drug category: Non-Preferred brand	\$179.89	\$138.63	\$138.63	\$0.00
May 31, 2006, WALGREEN DRUG STORE <b>HYDROCODONE/APAP 5/500 TAB</b> Drug category: Generic	\$16.79	\$2.45	\$2.45	\$0.00
May 31, 2006, WALGREEN DRUG STORE <b>ENALAPRIL MALEATE 20 MG TAB</b> Drug category: Generic	\$127.59	\$22.18	\$22.18	\$0.00
May 31, 2006, WALGREEN DRUG STORE <b>INSULIN 1/2 ML SYRINGE</b> Drug category: Generic	\$15.99	\$15.99	\$15.99	\$0.00
<b>Total this month</b>	<b>\$958.58</b>	<b>\$688.49</b>	<b>\$688.49</b>	<b>\$0.00</b>

Your personal prescription benefits statement

John Doe  
page 4 of 16***Your prescription claims continued (for May 1 to May 31, 2006)***


Drug name	Average retail price	Prescription cost with plan	What you paid	What the plan paid
<b>Total this year</b>	<b>\$5,117.05</b>	<b>\$4,070.94</b>	<b>\$2,570.96</b>	<b>\$1,499.98</b>

 Did you know you may save time and money by having your prescriptions delivered to your home? Your plan allows you to receive 3 months of medications delivered right to your home. Log on to MyHumana through [www.humana.com](http://www.humana.com), or call 1-800-379-0092 (TTY 1-800-833-3301) to register to use this mail order benefit.

 As a Humana member, you are eligible to sign up for the Humana Active Outlook program which provides you with information to:

- Live well - participate in cooking classes, attend health seminars, and get healthy recipes.
- Interact - understand health conditions and team up with members who have similar concerns.
- Explore - get travel tips, master your digital camera, and find out how to protect yourself from fraud.
- Advocate - learn about Medicare topics important to people with Medicare and find out how you can get involved.

Sign up for Humana Active Outlook now at no additional cost by visiting [www.humana-medicare.com](http://www.humana-medicare.com).

 You're saving money! By taking generics drugs, you are using your plan benefits to save you money.

## What's new in health care

Articles are taken from a news service that focuses on health care. Where possible, we have tried to select topics that may be particularly interesting to you, based on information in our records from your insurance claims or other information you may have provided us.

### Taking generic drugs boosts adherence

Patients who take generic prescription drugs are more likely to adhere to their doctor's prescribed therapy plan than patients who take brand-name drugs.

The findings of the study in the *Archives of Internal Medicine* are another reason why "generic drugs should be prescribed for patients beginning chronic therapy, as long as there are no specific clinical reasons why a branded drug may be more appropriate," said researcher Dr. William Shrank, of Brigham and Women's Hospital and Harvard Medical School in Boston.

Shrank's group looked at how well 6,755 patients enrolled in a pharmacy benefit plan stuck to their drug regimens. Under their benefit plan, the patients had to pay the highest co-payment for non-preferred brand-name drugs, smaller co-payments for preferred brand-name drugs, and the smallest or no co-payment for generics. The group received a total of 7,532 new prescriptions during the study period.

There were six classes of drugs included in the study: cholesterol-lowering statins; oral contraceptives; inhaled corticosteroids for asthma; and three antihypertensives (calcium-channel blockers, angiotensin receptor blockers and angiotensin-converting enzyme inhibitors).

Patients who took generic drugs showed a 12.6 percent increase in therapy adherence, compared to patients who took brand-name drugs with the

highest co-payments. Patients who took drugs with smaller co-payments had an 8 percent increase in adherence compared to those who used the most expensive drugs.

Other findings:

- Patients who took a generic drug had a 62 percent better chance of achieving adequate adherence and those who took a brand-name second-tier drug had a 30 percent better chance than those who took third-tier drugs.
- Patients who were initially prescribed the most expensive drugs were 2.1 times more likely to switch to a drug in a cheaper group than patients initially prescribed generic drugs.
- Patients who switched from their initial prescription were 2.8 times more likely to switch to a less-expensive, lower-tier brand-name or generic than to a higher-tier drug.
- Patients who initially received generic drugs switched at less than half the rate of those who received the most expensive drugs.

SOURCE: Brigham and Women's Hospital, news release, Feb. 13, 2006

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## Medicare wants you to know

Content in this section of the document is required by Medicare. Keep this notice for your records. This is not a bill.





***Medicare wants you to know continued...******Drug Expenses***

We offer additional coverage on some prescription drugs not normally covered in a Medicare Prescription Drug Plan. The amount paid for these drugs is not included in any of the amounts listed below.

***Annual deductible (Stage 1)***

You have met \$444.74 of your \$250 deductible for 2006.

***Amount paid for prescriptions***

You and/or others who have paid for your prescriptions have spent \$4,070.94 in co-payments and/or co-insurance this year. This amount may also include payments made by your current or former employer/union, other insurance plan or policy. This amount counts towards your initial coverage limit.

Humana has paid \$1,499.98. These payments count towards your initial coverage limit.

Together, \$4,070.94 has been paid by Humana, you and/or others. This is the total that counts towards your initial coverage limit of \$2,250.

***Out-of-pocket payments after you reach the initial coverage limit (Stage 2)***

You have spent \$2,570.96 since reaching your initial coverage limit. You still have \$1,029.04 to spend before you qualify for catastrophic coverage.

***Total out-of-pocket expenditures that count towards the catastrophic coverage threshold***

You and/or others on your behalf have spent a total of \$2,570.96 on prescription drugs covered by Humana for 2006. This total includes the amounts spent for your deductible, co-payments and co-insurance, and coverage gap payments. This amount does not include payments made by your current or former employer/union, another insurance plan or policy, or other excluded parties.

***Total amount paid for your drugs this year***

\$4,070.94. This is the total amount that has been spent on your drugs this year. It includes the amount paid by you and/or others on your behalf towards the initial coverage limit, coverage gap payments and catastrophic coverage. It also includes the amount Humana paid for drugs during your initial coverage limit and catastrophic coverage.

***Upcoming changes to Humana's formulary***

Humana may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, add prior authorization, quantity limits, step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we will notify you of the change at least 60 days before the date the change becomes effective. However, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market we will immediately remove the drug from our formulary.

The table below outlines upcoming changes to our formulary that will impact you:

Your personal prescription benefits statement

John Doe  
page 7 of 16

## *Medicare wants you to know continued...*

Name of affected drug	Description of change	Reason for change	Alternative drug*	Alternative drug copayment/coinsurance
-----------------------	-----------------------	-------------------	-------------------	--

**There are no formulary changes this month**

\* Alternative drugs are drugs in the same therapeutic category/class or cost-sharing tier as the affected drug. Only your physician can determine if the alternate listed here is appropriate for you given the individualized nature of drug therapy. Please consult with your physician as to whether this is an appropriate drug for you.

## *For your information and protection*

### ***Your privacy***

Your privacy is important to us. At Humana, we consider your personal, health and financial information to be confidential. Humana protects your information and only uses or discloses your information in accordance with federal and state privacy laws and Humana's privacy policy. For additional information on Humana's privacy policy, please access Humana's Notice of Privacy Practices on the Web at [www.humana.com](http://www.humana.com).

### ***Your rights***

If your plan ever denies coverage for your prescription drugs, we will explain our decision to you. You always have the right to appeal and ask us to review the claim that was denied. In addition, if your physician prescribes a drug that is not on our formulary, is not a preferred drug or is subject to additional utilization requirements you may ask us to make a coverage exception.

### ***Your questions***

If you have questions about your statement, contact Humana toll free at 1-866-255-7451 (TTY 1-800-833-3301), Monday to Sunday, 8 am to 8 pm. If you suspect fraud, please contact Humana or 1-800-MEDICARE (1-800-633-4227) 24 hours a day and 7 days a week. TTY users should call 1-877-486-2048.

If you would like to receive your SmartSummaryRx (PDP EOB) in Spanish, please call 1-866-255-7451 and select option "For all other questions", or log on to *MyHumana* to change your language preferences.

Si quisiera recibir su SmartSummaryRx (PDP EOB) en español, por favor llame 1-866-255-7451 y seleccione la opción de 6, acceda *MyHumana* para cambiar su preferencias de idioma.



Your personal prescription benefits statement

John Doe  
page 8 of 16



# Your Rx Record

**HUMANA**  
Caring for you and yours

May 1, 2006 to May 31, 2006

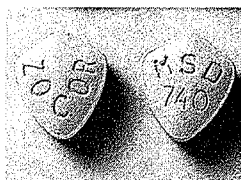
John Doe

Your Rx Record is provided as a courtesy to help you manage taking and refilling your medications, and to communicate with your doctor or pharmacist about the medications you are taking. You may want to have this with you on your next visit with your doctor or pharmacy.

The pictures displayed below should match the drugs you are currently taking. However, in some instances, your actual drug may look different. Contact your doctor or pharmacist for more information or if you have questions about the information displayed below.

## YOUR REGULAR PRESCRIPTIONS

### ZOCOR (commonly used for: Cholesterol)



Category: Non-Preferred brand  
Quantity: 30 TABS  
Days supply: 30  
Strength: 20MG

Pharmacy: Walgreen Drug Store  
Doctor: Rotenberg

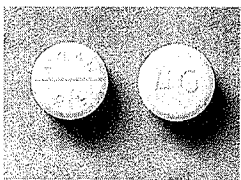
Refill dates

Please fill in your next refill date

Feb '06	Jan '06											
8th	7th											

Your notes (include instructions, interactions and side effects):

### FUROSEMIDE (commonly used for: Heart)



Category: Generic  
Quantity: 180 TABS  
Days supply: 90  
Strength: 40MG

Pharmacy: Walgreen Drug Store  
Doctor: Rotenberg

Refill dates

Please fill in your next refill date

Mar '06												
7th												

Your notes (include instructions, interactions and side effects):

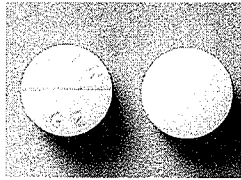
# Your Rx Record

HUMANA

May 1, 2006 to May 31, 2006

John Doe

## GLIPIZIDE (commonly used for: Diabetes)



Category: Generic  
Quantity: 60 TABS  
Days supply: 30  
Strength: 10MG

Pharmacy: Walgreen Drug Store  
Doctor: Rotenberg

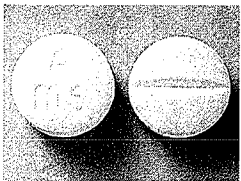
Refill dates

Please fill in your next refill date

Mar '06	Feb '06	Jan '06									
7th	8th	7th									

Your notes (include instructions, interactions and side effects):

## TOPROL XL (commonly used for: Heart)



Category: Preferred brand  
Quantity: 60 TB24  
Days supply: 30  
Strength: 100MG

Pharmacy: Walgreen Drug Store  
Doctor: Rotenberg

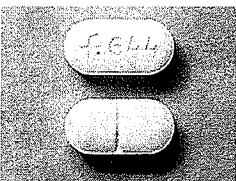
Refill dates

Please fill in your next refill date

Mar '06	Feb '06	Jan '06									
7th	8th	7th									

Your notes (include instructions, interactions and side effects):

## DOXAZOSIN MESYLATE (commonly used for: Heart)



Category: Generic  
Quantity: 31 TABS  
Days supply: 31  
Strength: 4MG

Pharmacy: Walgreen Drug Store  
Doctor: Alavi

Refill dates

Please fill in your next refill date

Mar '06											
17th											

Your notes (include instructions, interactions and side effects):

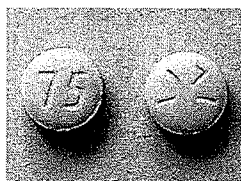
# Your Rx Record

HUMANA.

May 1, 2006 to May 31, 2006

John Doe

## PLAVIX (commonly used for: BLOOD AGENTS)



Category: Preferred brand  
Quantity: 90 TABS  
Days supply: 90  
Strength: 75MG

Pharmacy: Walgreen Drug Store  
Doctor: Rotenberg

Refill dates

Please fill in your next refill date

Apr '06	Jan '06										
15th	21st										

Your notes (include instructions, interactions and side effects):

## NORVASC (commonly used for: Heart)



Category: Preferred brand  
Quantity: 90 TABS  
Days supply: 90  
Strength: 10MG

Pharmacy: Walgreen Drug Store  
Doctor: Rotenberg

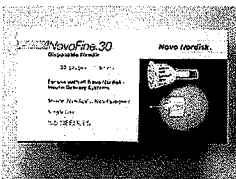
Refill dates

Please fill in your next refill date

Apr '06	Jan '06										
16th	21st										

Your notes (include instructions, interactions and side effects):

## NOVOFINE 30 (commonly used for: Products / Supplies)



Category: Generic  
Quantity: 300 MISC  
Days supply: 30  
Strength: 30GX0.8"

Pharmacy: Walgreen Drug Store  
Doctor: Alavi

Refill dates

Please fill in your next refill date

May '06	Mar '06	Mar '06									
9th	16th	1st									

Your notes (include instructions, interactions and side effects):

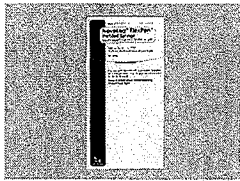
# Your Rx Record

HUMANA.

May 1, 2006 to May 31, 2006

John Doe

## NOVOLOG (commonly used for: Diabetes)



Category: Preferred brand  
Quantity: 30 SOLN  
Days supply: 30  
Strength: 100 U/ML

Pharmacy: Walgreen Drug Store  
Doctor: Alavi

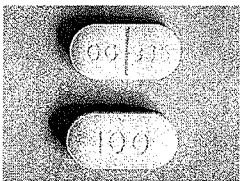
Refill dates

Please fill in your next refill date

May '06	Mar '06	Feb '06									
10th	26th	8th									

Your notes (include instructions, interactions and side effects):

## LEVOTHYROXINE SODIUM (commonly used for: Thyroid)



Category: Generic  
Quantity: 31 TABS  
Days supply: 31  
Strength: 100MCG

Pharmacy: Walgreen Drug Store  
Doctor: Alavi

Refill dates

Please fill in your next refill date

May '06											
20th											

Your notes (include instructions, interactions and side effects):

## LANTUS (commonly used for: Diabetes)



Category: Preferred brand  
Quantity: 10 SOLN  
Days supply: 20  
Strength: 100 U/ML

Pharmacy: Walgreen Drug Store  
Doctor: Alavi

Refill dates

Please fill in your next refill date

May '06	May '06	Apr '06	Mar '06	Mar '06	Feb '06	Jan '06	Jan '06				
28th	3rd	15th	26th	7th	8th	28th	7th				

Your notes (include instructions, interactions and side effects):

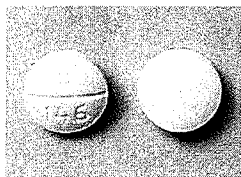
# Your Rx Record

HUMANA.

May 1, 2006 to May 31, 2006

John Doe

## DIGITEK (commonly used for: Heart)



Category: Generic  
Quantity: 30 TABS  
Days supply: 30  
Strength: 250MCG

Pharmacy: Walgreen Drug Store  
Doctor: Rotenberg

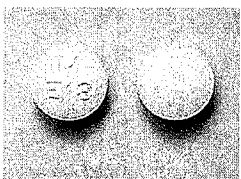
Refill dates

Please fill in your next refill date

May '06	Mar '06	Feb '06	Jan '06								
31st	7th	8th	7th								

Your notes (include instructions, interactions and side effects):

## ENALAPRIL MALEATE (commonly used for: Heart)



Category: Generic  
Quantity: 60 TABS  
Days supply: 30  
Strength: 20MG

Pharmacy: Walgreen Drug Store  
Doctor: Rotenberg

Refill dates

Please fill in your next refill date

May '06	Mar '06	Feb '06	Jan '06								
31st	7th	8th	7th								

Your notes (include instructions, interactions and side effects):

## INSULIN SYRINGE (commonly used for: Products / Supplies)



Category: Generic  
Quantity: 100 MISC  
Days supply: 30  
Strength: 29 GAUGE

Pharmacy: Walgreen Drug Store  
Doctor: Alavi

Refill dates

Please fill in your next refill date

May '06	Mar '06	Feb '06									
31st	16th	28th									

Your notes (include instructions, interactions and side effects):



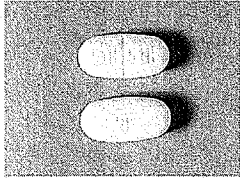
# Your Rx Record

HUMANA.

May 1, 2006 to May 31, 2006

John Doe

## MICARDIS *(commonly used for: Heart)*



Category: Non-Preferred brand  
Quantity: 30 TABS  
Days supply: 30  
Strength: 40MG

Pharmacy: Walgreen Drug Store  
Doctor: Rotenberg

Refill dates

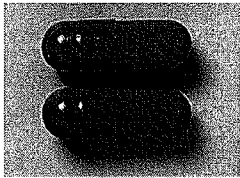
*Please fill in your next refill date*

May '06	Mar '06	Feb '06	Jan '06								
31st	7th	9th	7th								

Your notes (include instructions, interactions and side effects):

## OTHER PRESCRIPTIONS

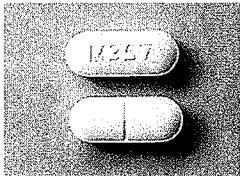
### CEPHALEXIN *(commonly used for: Antibiotics)*



Category: Generic  
Quantity: 40 CAPS  
Days supply: 10  
Strength: 500MG

Pharmacy: Walgreen Drug Store  
Doctor: Visotsky  
Date filled: Apr 29 '06

### HYDROCODONE W/ACETAMINOPHEN *(commonly used for: Pain Management - Narcotic)*



Category: Generic  
Quantity: 25 TABS  
Days supply: 4  
Strength: 5-500MG

Pharmacy: Walgreen Drug Store  
Doctor: Hann  
Date filled: May 31 '06

# A list of your regular prescriptions at your fingertips!

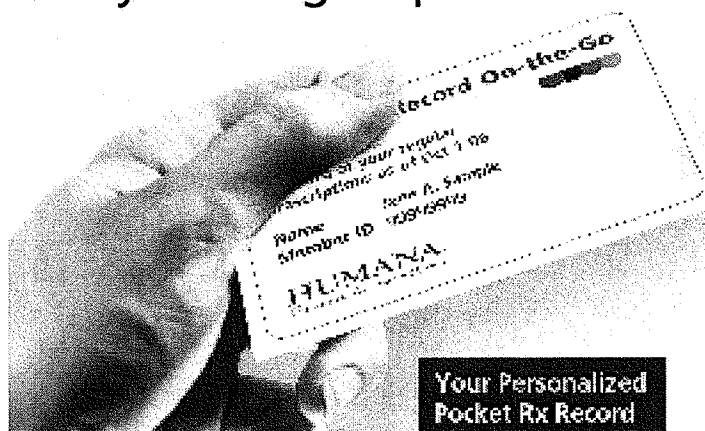
**HUMANA.**

*Confidence when you need it most*

## Humana Rx Record On-the-Go

At Humana, we want you to have the personal prescription information you need, when you need it. That's why we're sending you a personalized Humana Rx Record On-the-Go—a pocket-sized record of the prescriptions drugs you're taking. Carry your record with you, so you can show it to your doctor or pharmacist or have it handy in case of an emergency.

Just cut out the Rx Record On-the-Go inserts below and fold as indicated. Two copies are attached—one for your pocket or purse, and one for a family member or for your personal files.



**Your Personalized  
Pocket Rx Record**

Front of Card 1

Back of Card 2

**Humana Rx Record On-the-Go**

A record of your regular prescriptions as of May 31/06

Name John Doe  
Member ID H12345678

**HUMANA**

Prescriptions as of May 31/06

Phone: \_\_\_\_\_  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Name: \_\_\_\_\_  
My pharmacy and doctor  
Phone: \_\_\_\_\_  
Name: \_\_\_\_\_  
Emergency contact

**Regular prescriptions**

Regular prescriptions	Qty	Dosage
ZOCOR	30	20MG
FUROSEMIDE	180	40MG
GLIPIZIDE	60	10MG
TOPROL XL	60	100MG
DOXAZOSIN MESYLATE	31	4MG
PLAVIX	90	75MG
NORVASC	90	10MG
NOVOFINE 30	300	30GX0.8"
NOVOLOG	30	100 U/ML
LEVOTHYROXINE SODIUM	31	100MCG
LANTUS	10	100 U/ML
DIGITEK	30	250MCG
ENALAPRIL MALEATE	60	20MG
INSULIN SYRINGE	100	29 GAUGE
MICARDIS	30	40MG

**Other drugs I take**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reactions or allergies**

\_\_\_\_\_

\_\_\_\_\_

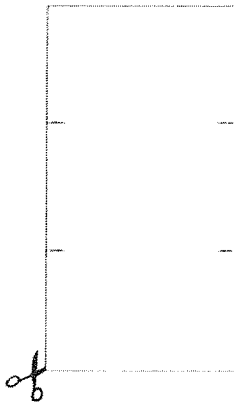
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CUT CARDS ALONG DOTTED LINES AND FOLD AS INDICATED

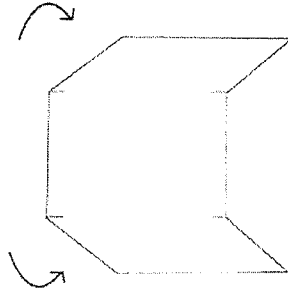
GH19584RR - A04/06

Medicare approved HMO, PPO, PDP and PFFS plans.

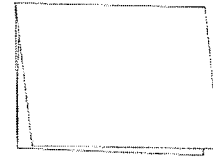
1



2



3



## Front of Card 2

CUT CARDS ALONG DOTTED LINES AND FOLD ON AS INDICATED

**Humana Rx Record On-the-Go**

A record of your regular prescriptions as of May 31/06

Name John Doe  
Member ID H12345678

**HUMANA**

FOLD

Your Rx Record On-the-Go is provided as a courtesy to help you manage your medications, and to communicate with your doctor or pharmacist. Humana makes this information available for the sole purpose of providing educational information on health-related issues. It is not intended to be a substitute for professional medical advice. This card does not imply evidence of coverage with Humana.

FOLD

Emergency contact  
Name \_\_\_\_\_  
Phone: \_\_\_\_\_

My pharmacy and doctor  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

## Back of Card 1

Regular prescriptions	Qty	Dosage
ZOCOR	30	20MG
FUROSEMIDE	180	40MG
GLIPIZIDE	60	10MG
TOPROL XL	60	100MG
DOXAZOSIN MESYLATE	31	4MG
PLAVIX	90	75MG
NORVASC	90	10MG
NOVOFINE 30	300	30GX0.8"
NOVOLOG	30	100 U/ML
LEVOTHYROXINE SODIUM	31	100MCG
LANTUS	10	100 U/ML

FOLD

DIGITEK	30	250MCG
ENALAPRIL MALEATE	60	20MG
INSULIN SYRINGE	100	29 GAUGE
MICARDIS	30	40MG

FOLD

## Other drugs I take

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## Reactions or allergies

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CUT CARDS ALONG DOTTED LINES AND FOLD AS INDICATED